

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* IND.	* IND.	* IND.
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	1						51			
2							52			
3							53			
4							54			
5							55			
6							56			
7							57			
8							58			
9							59			
10							60			
11							61			
12							62			
13							63			
14	3						64			
15							65			
16		1					66			
17		1					67			
18			2				68			
19			2				69			
20		1					70			
21		1					71			
22			2				72			
23			2				73			
24			2				74			
25			2				75			
26			2				76			
27							77			
28							78			
29							79			
30							80			
31							81			
32							82			
33							83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	2		4							
TOTAL DEP.	9	↓	14	↓						
TOTAL CLAIMS	11		18							